Management, Federal Communications Commission, transmitting, pursuant to law, the reports of forty-six rules; to the Committee on Commerce, Science, and Transportation.

EC–4362. A communication from the General Counsel of the Department of Transportation, transmitting, pursuant to law, the reports of 187 rules; to the Committee on Commerce, Science, and Transportation.

EC–4363. A communication from the Secretary of Commerce, transmitting, pursuant to law, the annual report for calendar year 1997 of the Visiting Committee on Advance Technology (National Institute of Standards and Technology); to the Committee on Commerce, Science, and Transportation.

EC–4364. A communication from the General Counsel of the Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule received on February 26, 1998; to the Committee on Commerce, Science, and Transportation.

EC–4365. A communication from the Secretary of Transportation, transmitting, pursuant to law, the report of the annual performance plan for fiscal year 1999; to the Committee on Foreign Relations.

EC–4366. A communication from the Deputy Executive Director of the U.S. Commodity Futures Trading Commission, transmitting, pursuant to law, the report of a rule received on February, 23, 1998; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4367. A communication from the Secretary of Agriculture, transmitting, a draft of proposed legislation to reform agricultural credit programs; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4368. A communication from the Secretary of Agriculture, transmitting, a draft of proposed legislation entitled ''The Child Nutrition and WIC Reauthorization Amendments of 1998''; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4369. A communication from the Under Secretary of Agriculture for Food, Nutrition, and Consumer Services, transmitting, pursuant to law, the report of a rule received on February 18, 1998; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4370. A communication from the Secretary of the Panama Canal Commission, transmitting, pursuant to law, the report of a rule received on March 10, 1998; to the Committee on Armed Services.

EC–4371. A communication from the Director of Selective Service, transmitting, pursuant to law, the annual report for fiscal year 1997; to the Committee on Armed Services.

EC–4372. A communication from the Secretary of the Navy, transmitting, pursuant to law, a report entitled ''U.S. Navy Submarine Solid Waste Management Plan for MARPOL Annex V Special Areas''; to the Committee on Armed Services.

EC–4373. A communication from the Secretary of Energy, transmitting, pursuant to law, a report relative to the Defense Nuclear Facilities Safety Board for calendar year 1997; to the Committee on Armed Services.

REPORTS OF COMMITTEE

The following report of committee was submitted:

By Mr. STEVENS, from the Committee on Appropriations:

Special Report entitled ''Further Revised Allocation to Subcommittees of Budget totals from the Concurrent Resolution for Fiscal Year 1998'' (Rept. No. 105–171).

By Mr. HATCH, from the Committee on the Judiciary, with an amendment in the nature of a substitute:

H.R. 400. A bill to amend title 35, United States Code, with respect to patents, and for other purposes.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. ROCKEFELLER (for himself, Ms. SNOWE, Mr. KERRY, Mr. KENNEDY, Mr. DODD, Mr. JEFFORDS, and Mr. CHAFEE):

S. 1809. A bill to improve the performance outcomes of the child support enforcement program in order to increase the financial stability and well-being of children and families, and to require the Secretary of Health and Human Services and the Secretary of Labor to jointly develop a National Standardized Medical Support Notice and establish a working group to eliminate existing barriers to the effective establishment and enforcement of medical child support; to the Committee on Finance.

By Mr. ROTH:

S. 1810. A bill to suspend temporarily the duty on a certain anti-HIV and anti-AIDS drug; to the Committee on Finance.

By Mr. FAIRCLOTH:

S. 1811. A bill to prohibit the Secretary of Health and Human Services from promulgating any regulation, rule, or other order if the effect of such regulation, rule, or order is to eliminate or modify any requirement under the medicare program under title XVIII of the Social Security Act for physician supervision of anesthesia services, as such requirement was in effect on December 31, 1997; to the Committee on Finance.

By Mr. THURMOND (for himself and Mr. LEVIN) (by request):

S. 1812. A bill to authorize appropriations for fiscal year 1999 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 1999, and for other purposes; to the Committee on Armed Services.

S. 1813. A bill to authorize military construction and related activities of the Department of Defense for fiscal year 1999; to the Committee on Armed Services.

S. 1814. A bill entitled ''Department of Defense Reform Act of 1998''; to the Committee on Armed Services.

By Mr. SPECTER:

S. 1815. A bill to suspend temporarily the duty on tebufenozide; to the Committee on Finance.

S. 1816. A bill to suspend temporarily the duty on halofenozide; to the Committee on Finance.

S. 1817. A bill to suspend temporarily the duty on modified secondary-tertiary amine phenol/formaldehyde copolymers; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 1818. A bill to suspend temporarily the duty on organic luminescent pigments, dyes, and fibers for security applications; to the Committee on Finance.

S. 1819. A bill to suspend temporarily the duty on certain fluorozirconium compounds; to the Committee on Finance.

S. 1820. A bill to suspend temporarily the duty on 4-Hexylresorcinol; to the Committee on Finance.

S. 1821. A bill to suspend temporarily the duty on polymethine sensitizing dyes for imaging applications; to the Committee on Finance.

By Mr. SPECTER (for himself, Mr. THURMOND, Mr. JEFFORDS, Mr. MURKOWSKI, Mr. ROCKEFELLER, Mr. AKAKA, Mr. WELLSTONE, Mr. LIEBERMAN, and Mrs. MURRAY):

S. 1822. A bill to amend title 38, United States Code, to authorize provision of care to veterans treated with nasopharyngeal radium irradiation; to the Committee on Veterans Affairs.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ROCKEFELLER (for himself, Ms. SNOWE, Mr. KERRY, Mr. KENNEDY, Mr. DODD, Mr. JEFFORDS, and Mr. CHAFEE):

S. 1809. A bill to improve the performance outcomes of the child support enforcement program in order to increase the financial stability and well-being of children and families, and to require the Secretary of Health and Human Services and the Secretary of Labor to jointly develop a National Standardized Medical Support Notice and establish a working group to eliminate existing barriers to the effective establishment and enforcement of medical child support; to the Committee on Finance.

THE CHILD SUPPORT PERFORMANCE IMPROVEMENT ACT OF 1998

Mr. ROCKEFELLER. Mr. President, I am pleased to join with my colleagues to introduce the Child Support Performance Improvement Act of 1998. I believe this legislation, with its special emphasis on the enforcement of medical child support orders, will improve the financial security and health of thousands of American children. This bill also takes careful steps to ensure that vital Federal health programs such as Medicaid and the new Children's Health Insurance Program are not misused by parents who are able but unwilling to live up to their health care responsibilities. I want to take this opportunity to share my special thanks with Senator SNOWE, who has shown a long-standing commitment to this important issue. I would also like to thank Senators KERRY, KENNEDY, DODD, JEFFORDS, and CHAFEE for their work on the issue of child support.

As a nation, our most fundamental measure of success is how effectively we provide for our children. We have a collective responsibility to ensure that our children have the financial resources they need to live happy, healthy and stable lives. At the same time, the responsibility for addressing many of children's daily needs fall squarely at the feet of their parents. In my state of West Virginia and elsewhere, too many parents neglect their financial responsibilities, maintaining that because they are no longer living in the same house as their children, they no longer have to support them. With so many parents refusing to provide their children with adequate financial support and health care, between $15 and $25 billion dollars in child support remains uncollected each year.

The Child Support Performance Improvement Act of 1998 takes several steps to make child support a dependable part of the continuum of private and public benefits available to American children. Since the child support enforcement system was created in 1975

to centralize state government collections, Congress has authorized Federal funding to improve and broaden state child support programs. In addition to general financial support, the Federal government also makes annual incentive payments to the states based on the cost effectiveness of their child support collections. That is, dollar for dollar, do the states show a significant return for the money they spend on child support collections.

For several years, there has been a consensus among both state child support agencies and child advocates that basing incentive payments on cost effectiveness alone does no justice to the many other areas of state performance. Two years ago, the welfare reform law took a positive step forward by commissioning a task force composed of child support experts from the Department of Health and Human Services and state agencies to come up with a new set of incentives that would keep states on the road to more effective child support collections in a variety of areas. The Child Support Performance Improvement Act of 1998 incorporates the consensus findings of this work group. For the first time, the new incentives structure takes into account not only a state's cost effectiveness but its ability to establish paternity and child support orders and to collect current and back child support payments.

This legislation also increases the emphasis on a State's collection of medical child support and eliminates some of the barriers the States face in their efforts to enforce medical child support orders. With one out of seven American children unable to access basic health coverage, medical child support or ''medical support'' has become a vital part of child support enforcement. Medical support can take many forms including an order to a non-custodial parent to provide health insurance, to cover a portion of an insurance co-payment or a deductible, or to pay past medical bills. Since 1984, federal law has required state child support enforcement agencies to petition for and collect medical support as part of any general child support order if health care coverage is available to the non-custodial parent at a reasonable cost. Unfortunately, however, medical child support is still only collected in about 30% of all child support cases. If we fail to use this prime opportunity to re-establish medical support as a priority, enforcement of medical support might be even more dismal in the future.

The Child Support Performance Improvement Act of 1998 will improve the collection of medical support in two significant ways. First, it requires the Secretary of Health and Human Services to create a sixth medical support criterion upon which Federal incentives payments will be based. This sixth medical support incentives factor will not only ensure that States do their best to collect medical support, but it will also send a message to the States that when creating and improving their overall collections systems, medical support is a top priority.

Many of us have worked hard to make sure that all American children receive appropriate health care coverage through both public and private programs such as the newly-created Children's Health Insurance (or ''CHIPS'') Program. Although this and other Federal programs are vital, they were never intended and should not be used as a parachute for parents who could afford to cover their own children, but refuse to do so.

This bill also helps improve medical support collections by eliminating some of the procedural barriers that the states face when they try to enforce medical support orders through health plans governed by the Employment Retirement Income Security Act of 1974 (ERISA). Once a court issues a medical support order, the state child support enforcement agencies sends a notice of that order to the non-custodial parent's health plan. Over 50 percent of American employers offer health plans that are governed by ERISA. As a result, there are over 700,000 children who are dependent on a medical support order through an ERISA-governed plan. Currently, there is a lack of uniformity in the way that state child support enforcement agency and the health plan administrators communicate with one another. Despite the fact that ERISA already defines the elements a medical support order must contain in order to be valid under federal law, there is still a lot of confusion by the state agencies and the plan administrators about what is required.

After consultation with dozens of ERISA plan administrators, state agencies, and child advocates, this bill removes this procedural barrier by requiring the Secretaries of the Department of Health and Human Services and the Department of Labor to create and implement a standardized national medical support notice that states would be required to use and employers would be required to accept under ERISA. This standardized form will take into account the respective administrative needs of both states and employers. Second, the bill requires the Secretary of the Department of Labor, in consultation with the Department of Health and Human Services, to submit recommendations for any other necessary improvements to the medical child support provisions of ERISA. Finally, the bill commissions a work group composed of medical support experts from state agencies, employers, plan administrators and child advocates to identify and make recommendations for the elimination of any remaining medical support barriers.

The Child Support Performance Improvement Act of 1998 is designed to improve States' overall child support collections with a special emphasis on the effective enforcement of medical support orders, so that all qualified children receive the health coverage that they deserve.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1809

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Child Support Performance Improvement Act of 1998''.

SEC. 2. INCENTIVE PAYMENTS TO STATES.

(a) IN GENERAL.—Part D of title IV of the Social Security Act (42 U.S.C. 651–669) is amended by inserting after section 458 the following:

''SEC. 458A. INCENTIVE PAYMENTS TO STATES.

''(a) IN GENERAL.—In addition to any other payment under this part, the Secretary shall, subject to subsection (f), make an incentive payment to each State for each fiscal year in an amount determined under subsection (b).

''(b) AMOUNT OF INCENTIVE PAYMENT.—

''(1) IN GENERAL.—The incentive payment for a State for a fiscal year is equal to the incentive payment pool for the fiscal year, multiplied by the State incentive payment share for the fiscal year.

''(2) INCENTIVE PAYMENT POOL.—

''(A) IN GENERAL.—In paragraph (1), the term 'incentive payment pool' means—

''(i) $422,000,000 for fiscal year 2000;

''(ii) $429,000,000 for fiscal year 2001;

''(iii) $450,000,000 for fiscal year 2002;

''(iv) $461,000,000 for fiscal year 2003;

''(v) $454,000,000 for fiscal year 2004;

''(vi) $446,000,000 for fiscal year 2005;

''(vii) $458,000,000 for fiscal year 2006;

''(viii) $471,000,000 for fiscal year 2007;

''(ix) $483,000,000 for fiscal year 2008; and

''(x) for any succeeding fiscal year, the amount of the incentive payment pool for the fiscal year that precedes such succeeding fiscal year, multiplied by the percentage (if any) by which the CPI for such preceding fiscal year exceeds the CPI for the 2nd preceding fiscal year.

''(B) CPI.—For purposes of subparagraph (A), the CPI for a fiscal year is the average of the Consumer Price Index for the 12-month period ending on September 30 of the fiscal year. As used in the preceding sentence, the term 'Consumer Price Index' means the last Consumer Price Index for all-urban consumers published by the Department of Labor.

''(3) STATE INCENTIVE PAYMENT SHARE.—In paragraph (1), the term 'State incentive payment share' means, with respect to a fiscal year—

''(A) the incentive base amount for the State for the fiscal year; divided by

''(B) the sum of the incentive base amounts for all of the States for the fiscal year.

''(4) INCENTIVE BASE AMOUNT.—In paragraph (3), the term 'incentive base amount' means, with respect to a State and a fiscal year, the sum of the applicable percentages (determined in accordance with paragraph (6)) multiplied by the corresponding maximum incentive base amounts for the State for the fiscal year, with respect to each of the following measures of State performance for the fiscal year:

''(A) The paternity establishment performance level.

''(B) The support order performance level.

''(C) The current payment performance level.

''(D) The arrearage payment performance level.

''(E) The cost-effectiveness performance level.

''(5) MAXIMUM INCENTIVE BASE AMOUNT.—

''(A) IN GENERAL.—For purposes of paragraph (4), the maximum incentive base amount for a State for a fiscal year is—

''(i) with respect to the performance measures described in subparagraphs (A), (B), and (C) of paragraph (4), 100 percent of the State collections base for the fiscal year; and

''(ii) with respect to the performance measures described in subparagraphs (D) and (E) of paragraph (4), 75 percent of the State collections base for the fiscal year.

''(B) DATA REQUIRED TO BE COMPLETE AND RELIABLE.—Notwithstanding subparagraph (A), the maximum incentive base amount for a State for a fiscal year with respect to a performance measure described in paragraph (4) is zero, unless the Secretary determines, on the basis of an audit performed under section 452(a)(4)(C)(i), that the data which the State submitted pursuant to section 454(15)(B) for the fiscal year and which is used to determine the performance level involved is complete and reliable.

''(C) STATE COLLECTIONS BASE.—For purposes of subparagraph (A), the State collections base for a fiscal year is equal to the sum of—

''(i) 2 times the sum of—

''(I) the total amount of support collected during the fiscal year under the State plan approved under this part in cases in which the support obligation involved is required to be assigned to the State pursuant to part A or E of this title or title XIX; and

''(II) the total amount of support collected during the fiscal year under the State plan approved under this part in cases in which the support obligation involved was so assigned but, at the time of collection, is not required to be so assigned; and

''(ii) the total amount of support collected during the fiscal year under the State plan approved under this part in all other cases.

''(6) DETERMINATION OF APPLICABLE PERCENTAGES BASED ON PERFORMANCE LEVELS.—

''(A) PATERNITY ESTABLISHMENT.—

''(i) DETERMINATION OF PATERNITY ESTABLISHMENT PERFORMANCE LEVEL.—The paternity establishment performance level for a State for a fiscal year is, at the option of the State, the IV–D paternity establishment percentage determined under section 452(g)(2)(A) or the statewide paternity establishment percentage determined under section 452(g)(2)(B).

''(ii) DETERMINATION OF APPLICABLE PERCENTAGE.—The applicable percentage with respect to a State's paternity establishment performance level is as follows:

''If the paternity establishment performance level is:		The applicable percentage is:
At least:	But less than:	
80%		100
79%	80%	98
78%	79%	96
77%	78%	94
76%	77%	92
75%	76%	90
74%	75%	88
73%	74%	86
72%	73%	84
71%	72%	82
70%	71%	80
69%	70%	79
68%	69%	78
67%	68%	77
66%	67%	76
65%	66%	75
64%	65%	74
63%	64%	73
62%	63%	72
61%	62%	71
60%	61%	70
59%	60%	69
58%	59%	68
57%	58%	67
56%	57%	66
55%	56%	65
54%	55%	64
53%	54%	63
52%	53%	62
51%	52%	61
50%	51%	60
0%	50%	0.

Notwithstanding the preceding sentence, if the paternity establishment performance level of a State for a fiscal year is less than 50 percent but exceeds by at least 10 percentage points the paternity establishment performance level of the State for the immediately preceding fiscal year, then the applicable percentage with respect to the State's paternity establishment performance level is 50 percent.

''(B) ESTABLISHMENT OF CHILD SUPPORT ORDERS.—

''(i) DETERMINATION OF SUPPORT ORDER PERFORMANCE LEVEL.—The support order performance level for a State for a fiscal year is the percentage of the total number of cases under the State plan approved under this part in which there is a support order during the fiscal year.

''(ii) DETERMINATION OF APPLICABLE PERCENTAGE.—The applicable percentage with respect to a State's support order performance level is as follows:

''If the support order performance level is:		The applicable percentage is:
At least:	But less than:	
80%		100
79%	80%	98
78%	79%	96
77%	78%	94
76%	77%	92
75%	76%	90
74%	75%	88
73%	74%	86
72%	73%	84
71%	72%	82
70%	71%	80
69%	70%	79
68%	69%	78
67%	68%	77
66%	67%	76
65%	66%	75
64%	65%	74
63%	64%	73
62%	63%	72
61%	62%	71
60%	61%	70
59%	60%	69
58%	59%	68
57%	58%	67
56%	57%	66
55%	56%	65
54%	55%	64
53%	54%	63
52%	53%	62
51%	52%	61
50%	51%	60
0%	50%	0.

Notwithstanding the preceding sentence, if the support order performance level of a State for a fiscal year is less than 50 percent but exceeds by at least 5 percentage points the support order performance level of the State for the immediately preceding fiscal year, then the applicable percentage with respect to the State's support order performance level is 50 percent.

''(C) COLLECTIONS ON CURRENT CHILD SUPPORT DUE.—

''(i) DETERMINATION OF CURRENT PAYMENT PERFORMANCE LEVEL.—The current payment performance level for a State for a fiscal year is equal to the total amount of current support collected during the fiscal year under the State plan approved under this part divided by the total amount of current support owed during the fiscal year in all cases under the State plan, expressed as a percentage.

''(ii) DETERMINATION OF APPLICABLE PERCENTAGE.—The applicable percentage with respect to a State's current payment performance level is as follows:

''If the current payment performance level is:		The applicable percentage is:
At least:	But less than:	
80%		100
79%	80%	98
78%	79%	96
77%	78%	94
76%	77%	92
75%	76%	90
74%	75%	88
73%	74%	86
72%	73%	84
71%	72%	82
70%	71%	80
69%	70%	79
68%	69%	78
67%	68%	77
66%	67%	76
65%	66%	75
64%	65%	74
63%	64%	73
62%	63%	72
61%	62%	71
60%	61%	70
59%	60%	69
58%	59%	68
57%	58%	67
56%	57%	66
55%	56%	65
54%	55%	64
53%	54%	63
52%	53%	62
51%	52%	61
50%	51%	60
49%	50%	59
48%	49%	58
47%	48%	57
46%	47%	56
45%	46%	55
44%	45%	54
43%	44%	53
42%	43%	52
41%	42%	51
40%	41%	50
0%	40%	0.

Notwithstanding the preceding sentence, if the current payment performance level of a State for a fiscal year is less than 40 percent but exceeds by at least 5 percentage points the current payment performance level of the State for the immediately preceding fiscal year, then the applicable percentage with respect to the State's current payment performance level is 50 percent.

''(D) COLLECTIONS ON CHILD SUPPORT ARREARAGES.—

''(i) DETERMINATION OF ARREARAGE PAYMENT PERFORMANCE LEVEL.—The arrearage payment performance level for a State for a fiscal year is equal to the total number of cases under the State plan approved under this part in which payments of past-due child support were received during the fiscal year and part or all of the payments were

distributed to the family to whom the past-due child support was owed (or, if all past-due child support owed to the family was, at the time of receipt, subject to an assignment to the State, part or all of the payments were retained by the State) divided by the total number of cases under the State plan in which there is past-due child support, expressed as a percentage.

''(ii) DETERMINATION OF APPLICABLE PERCENTAGE.—The applicable percentage with respect to a State's arrearage payment performance level is as follows:

''If the arrearage payment performance level is:		The applicable percentage is:
At least:	But less than:	
80%		100
79%	80%	98
78%	79%	96
77%	78%	94
76%	77%	92
75%	76%	90
74%	75%	88
73%	74%	86
72%	73%	84
71%	72%	82
70%	71%	80
69%	70%	79
68%	69%	78
67%	68%	77
66%	67%	76
65%	66%	75
64%	65%	74
63%	64%	73
62%	63%	72
61%	62%	71
60%	61%	70
59%	60%	69
58%	59%	68
57%	58%	67
56%	57%	66
55%	56%	65
54%	55%	64
53%	54%	63
52%	53%	62
51%	52%	61
50%	51%	60
49%	50%	59
48%	49%	58
47%	48%	57
46%	47%	56
45%	46%	55
44%	45%	54
43%	44%	53
42%	43%	52
41%	42%	51
40%	41%	50
0%	40%	0.

Notwithstanding the preceding sentence, if the arrearage payment performance level of a State for a fiscal year is less than 40 percent but exceeds by at least 5 percentage points the arrearage payment performance level of the State for the immediately preceding fiscal year, then the applicable percentage with respect to the State's arrearage payment performance level is 50 percent.

''(E) COST-EFFECTIVENESS.—

''(i) DETERMINATION OF COST-EFFECTIVENESS PERFORMANCE LEVEL.—The cost-effectiveness performance level for a State for a fiscal year is equal to the total amount collected during the fiscal year under the State plan approved under this part divided by the total amount expended during the fiscal year under the State plan, expressed as a ratio.

''(ii) DETERMINATION OF APPLICABLE PERCENTAGE.—The applicable percentage with respect to a State's cost-effectiveness performance level is as follows:

''If the cost-effectiveness performance level is:		The applicable percentage is:
At least:	But less than:	
5.00		100
4.50	4.99	90
4.00	4.50	80
3.50	4.00	70
3.00	3.50	60
2.50	3.00	50
2.00	2.50	40
0.00	2.00	0.

''(F) MEDICAL SUPPORT.—Subject to section 2(d)(2)(C) of the Child Support Performance Improvement Act of 1998, the medical support performance level for a State for a fiscal year, and the applicable percentage for a State with respect to such level, shall be determined in accordance with regulations implementing the recommendations required to be included in the report submitted under section 2(d)(2)(B) of such Act.

''(c) TREATMENT OF INTERSTATE COLLECTIONS.—In computing incentive payments under this section, support which is collected by a State at the request of another State shall be treated as having been collected in full by both States, and any amounts expended by a State in carrying out a special project assisted under section 455(e) shall be excluded.

''(d) ADMINISTRATIVE PROVISIONS.—The amounts of the incentive payments to be made to the States under this section for a fiscal year shall be estimated by the Secretary at or before the beginning of the fiscal year on the basis of the best information available, as obtained in accordance with section 452(a)(12). The Secretary shall make the payments for the fiscal year, on a quarterly basis (with each quarterly payment being made not later than the beginning of the quarter involved), in the amounts so estimated, reduced, or increased to the extent of any overpayments or underpayments which the Secretary determines were made under this section to the States involved for prior periods and with respect to which adjustment has not already been made under this subsection. Upon the making of any estimate by the Secretary under the preceding sentence, any appropriations available for payments under this section are deemed obligated.

''(e) REGULATIONS.—

''(1) IN GENERAL.—The Secretary shall prescribe such regulations as may be necessary governing the calculation of incentive payments under this section, including directions for excluding from the calculations certain closed cases and cases over which the States do not have jurisdiction, and regulations excluding from the calculations of the current payment performance level and the arrearage payment performance level any case in which the State used State funds to make such payments for the primary purpose of increasing the State's performance levels in such areas.

''(2) REGULATIONS IMPLEMENTING THE MEDICAL SUPPORT PERFORMANCE LEVEL.—Subject to section 2(d)(2)(C) of the Child Support Performance Improvement Act of 1998, the Secretary shall prescribe regulations implementing the recommendations required to be included in the report submitted under section 2(d)(2)(B) of such Act. To the extent necessary to ensure that the implementation of such recommendations does not result in total Federal expenditures under this section in excess of the amount of such expenditures in the absence of such implementation, such regulations may increase or decrease the percentages specified in clauses (i) and (ii) of subsection (b)(5)(A).

''(f) REINVESTMENT.—

''(1) IN GENERAL.—Until such time as the State qualifies for the maximum incentive amount possible, as determined under subsection (b)(5), payments under this section and section 458 shall supplement, not supplant, State child support expenditures under the State program under this part to the extent that such expenditures were funded by the State in fiscal year 1997.

''(2) PENALTY.—Failure to satisfy the requirement of paragraph (1) shall result in a proportionate reduction, determined by the Secretary, of future payments to the State under this section and section 458.''.

(b) PAYMENTS DURING TRANSITION PERIOD.—Notwithstanding section 458A of the Social Security Act (42 U.S.C. 658A), as added by subsection (a), the amount of an incentive payment for a State under such section shall not be—

(1) in the case of fiscal year 2000, less than 80 percent or greater than 120 percent of the incentive payment for the State determined under section 458 of the Social Security Act (42 U.S.C. 658) for fiscal year 1999 (as such section was in effect for such fiscal year);

(2) in the case of fiscal year 2001, less than 60 percent or greater than 140 percent of the incentive payment for the State (as so determined);

(3) in the case of fiscal year 2002, less than 40 percent or greater than 160 percent of the incentive payment for the State (as so determined); and

(4) in the case of fiscal year 2003, less than 20 percent or greater than 180 percent of the incentive payment for the State (as so determined).

(c) REGULATIONS.—Within 9 months after the date of enactment of this section, the Secretary of Health and Human Services shall, in addition to the regulations required under section 458A(e) of the Social Security Act, issue regulations governing the implementation of section 458A of the Social Security Act, when such section takes effect, and the implementation of subsection (b) of this section.

(d) STUDIES.—

(1) GENERAL REVIEW OF NEW INCENTIVE PAYMENT SYSTEM.—

(A) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall conduct a study of the implementation of the incentive payment system established by section 458A of the Social Security Act, in order to identify the problems and successes of the system.

(B) REPORTS TO CONGRESS.—

(i) REPORT ON VARIATIONS IN STATE PERFORMANCE ATTRIBUTABLE TO DEMOGRAPHIC VARIABLES.—Not later than October 1, 2000, the Secretary shall submit to Congress a report that identifies any demographic or economic variables that account for differences in the performance levels achieved by the States with respect to the performance measures used in the system, and contains the recommendations of the Secretary for such adjustments to the system as may be necessary to ensure that the relative performance of States is measured from a baseline that takes account of any such variables.

(ii) INTERIM REPORT.—Not later than March 1, 2001, the Secretary shall submit to Congress an interim report that contains the findings of the study required by subparagraph (A).

(iii) FINAL REPORT.—Not later than October 1, 2003, the Secretary shall submit to Congress a final report that contains the final findings of the study required by subparagraph (A). The report shall include any recommendations for changes in the system

that the Secretary determines would improve the operation of the child support enforcement program.

(2) DEVELOPMENT OF MEDICAL SUPPORT INCENTIVE.—

(A) IN GENERAL.—The Secretary, in consultation with State directors of programs operated under part D of title IV of the Social Security Act and representatives of children potentially eligible for medical support, such as child advocacy organizations, shall develop a new medical support performance measure based on the effectiveness of States in establishing and enforcing medical support obligations, and shall make recommendations for the incorporation of the measure, in a revenue neutral manner, into the incentive payment system established by section 458A of the Social Security Act.

(B) REPORT.—Not later than October 1, 1999, the Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate, a report that describes the performance measure and contains the recommendations required under subparagraph (A).

(C) CONGRESSIONAL DISAPPROVAL REQUIRED.—

(i) IN GENERAL.—The Secretary shall, by regulation, implement the recommendations required to be included in the report submitted under subparagraph (B) unless a joint resolution is enacted, in accordance with subparagraph (D), disapproving such recommendations before the end of the 1-year period that begins on the date on which the Secretary submits such report.

(ii) EXCLUSION OF CERTAIN DAYS.—For purposes of clause (i) and subparagraph (D), the days on which either House of Congress is not in session because of an adjournment of more than 3 days to a day certain shall be excluded from the computation of the period.

(D) CONGRESSIONAL CONSIDERATION.—

(i) TERMS OF THE RESOLUTION.—For purposes of subparagraph (C)(i), the term ''joint resolution'' means only a joint resolution that is introduced within the 1-year period described in such subparagraph and—

(I) that does not have a preamble;

(II) the matter after the resolving clause of which is as follows: ''That Congress disapproves the recommendations of the Secretary of Health and Human Services regarding the implementation of a medical support performance measure submitted on _____'', the blank space being filled in with the appropriate date; and

(III) the title of which is as follows: ''Joint resolution disapproving the recommendations of the Secretary of Health and Human Services regarding the implementation of a medical support performance measure.''.

(ii) REFERRAL.—A resolution described in clause (i) that is introduced—

(I) in the House of Representatives, shall be referred to the Committee on Ways and Means; and

(II) in the Senate, shall be referred to the Committee on Finance.

(iii) DISCHARGE.—If a committee to which a resolution described in clause (i) is referred has not reported such resolution by the end of the 20-day period beginning on the date on which the Secretary submits the report required under subparagraph (B), such committee shall be, at the end of such period, discharged from further consideration of such resolution, and such resolution shall be placed on the appropriate calendar of the House involved.

(iv) CONSIDERATION.—On or after the third day after the date on which the committee to which a resolution described in clause (i) has reported, or has been discharged from further consideration of such resolution, such resolution shall be considered in the same manner as a resolution is considered under subsections (d), (e), and (f) of section 2908 of the Defense Base Closure and Realignment Act of 1990 (10 U.S.C. 2687 note).

(e) TECHNICAL AMENDMENTS.—

(1) IN GENERAL.—Section 341 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (42 U.S.C. 658 note) is amended—

(A) by striking subsection (a) and redesignating subsections (b), (c), and (d) as subsections (a), (b), and (c), respectively; and

(B) in subsection (c) (as so redesignated)—

(i) by striking paragraph (1) and inserting the following:

''(1) CONFORMING AMENDMENTS TO PRESENT SYSTEM.—The amendments made by subsection (a) of this section shall become effective with respect to a State as of the date the amendments made by section 103(a) (without regard to section 116(a)(2)) first apply to the State.''; and

(ii) in paragraph (2), by striking ''(c)'' and inserting ''(b)''.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the enactment of section 341 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

(f) ELIMINATION OF PREDECESSOR INCENTIVE PAYMENT SYSTEM.—

(1) REPEAL.—Section 458 of the Social Security Act (42 U.S.C. 658) is repealed.

(2) CONFORMING AMENDMENTS.—

(A) Section 458A of the Social Security Act (42 U.S.C. 658a) is redesignated as section 458.

(B) Paragraphs (1) and (2) of section 458(f) (as so redesignated) are each amended by striking ''and section 458''.

(C) Subsections (c) and (d) of this section are each amended by striking ''458A'' each place it appears and inserting ''458''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on October 1, 2003.

(g) GENERAL EFFECTIVE DATE.—Except as otherwise provided in this section, the amendments made by this section shall take effect on October 1, 1999.

SEC. 3. DATA INTEGRITY.

(a) DUTY OF THE SECRETARY TO ENSURE RELIABLE DATA.—Section 452(a) of the Social Security Act (42 U.S.C. 652(a)) is amended—

(1) in paragraph (10), by striking ''and'' at the end;

(2) in paragraph (11), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(12) ensure that data required for the operation of State programs under this part is complete and reliable by providing Federal guidance, technical assistance, and monitoring.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 4. ELIMINATION OF BARRIERS TO THE EFFECTIVE ESTABLISHMENT AND ENFORCEMENT OF MEDICAL CHILD SUPPORT.

(a) PROMULGATION OF NATIONAL STANDARDIZED MEDICAL SUPPORT NOTICE.—Section 452(a) of the Social Security Act (42 U.S.C. 652(a)), as amended by section 3(a), is amended—

(1) in paragraph (11), by striking ''and'' at the end;

(2) in paragraph (12), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(13)(A) develop jointly with the Secretary of Labor—

''(i) a National Standardized Medical Support Notice that satisfies the requirements of section 609(a)(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(3)) and the requirements of this part and shall be used by States to enforce medical support orders; and

''(ii) appropriate procedures for the transmission of such Notice to employers by State agencies administering the program established under this part;

''(B) not later than 90 days after the date of enactment of this paragraph, establish with the Secretary of Labor, a medical support working group, not to exceed 20 individuals, that shall—

''(i) identify the impediments to the effective enforcement of medical support by State agencies administering the program established under this part; and

''(ii) be composed of representatives of—

''(I) the Department of Labor;

''(II) the Department of Health and Human Services;

''(III) State directors of programs under this part;

''(IV) State directors of the medicaid program under title XIX;

''(V) employers, including owners of small businesses;

''(VI) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1));

''(VII) children potentially eligible for medical support, such as child advocacy organizations; and

''(VIII) State public welfare programs;

''(C) require the working group established in accordance with subparagraph (B) to—

''(i) not later than 18 months after the date of enactment of this paragraph, submit to the Secretary and Congress a report containing recommendations for appropriate measures to address the impediments to the effective enforcement of medical support by State agencies administering the program established under this part identified by the working group, including—

''(I) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations, arrearages in such obligations, and, in the case of a medical support obligation, the employee's portion of any health care coverage premium, by the State agency administering the program established under this part in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671–1677);

''(II) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs established under this part, title XIX, and title XXI;

''(III) appropriate measures to improve the enforcement of alternate types of medical support that are aside from health coverage offered through the noncustodial parent's health plan and unrelated to the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to share the cost of a copayment, deductible, or a payment for services not covered under a child's existing health coverage; and

''(IV) appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the working group deems necessary; and

''(D) issue, under the authority of the Secretary—

''(i) not later than 180 days after the date of enactment of this paragraph, a proposed regulation that specifies that the National Standardized Medical Support Notice shall be used by State agencies administering the program under this part to enforce medical support orders, and that includes such procedures for transmission of the Notice to employers that the Secretary determines are appropriate; and

''(ii) not later than 1 year after the date of enactment of this paragraph, a final regulation that specifies that the National Standardized Medical Support Notice shall be used by State agencies administering the program under this part to enforce medical support orders and the procedures for the transmission of that Notice to employers.''.

(b) REQUIRED USE OF NOTICE BY STATES.—

(1) STATE PROCEDURES.—Section 466(a)(19) of the Social Security Act (42 U.S.C. 466(a)(19)) is amended to read as follows:

''(19) HEALTH CARE COVERAGE.—Procedures under which—

''(A) all child support orders enforced pursuant to this part include a provision for the health care coverage of the child that, not later than October 1, 2000, is enforced, where appropriate, through the use of the National Standardized Medical Support Notice promulgated pursuant to section 452(a)(13);

''(B) in any case in which a noncustodial parent is required to provide such health care coverage and the employer of such noncustodial parent is known to the State agency, the State agency shall use the National Standardized Medical Support Notice to transfer notice of the provision for the health care coverage of the child to the employer in conjunction, where appropriate, with an income withholding notice within 2 days of the date that information regarding a newly hired employee is entered in the State Directory of New Hires pursuant to section 453A(e), and to any subsequent employer if the parent changes employment or obtains additional employment and the subsequent employer of such noncustodial parent is known to the State agency;

''(C) not later than 7 business days after the date the National Standardized Medical Support Notice is issued, the Notice shall operate to enroll the child in the noncustodial parent's employer's health plan, and to authorize the collection of any employee contributions required for such enrollment, unless the noncustodial parent contests enforcement of the health care coverage provision of the child support order pursuant to the Notice to the State agency based on mistake of fact; and

''(D) the employer shall, within 21 days after the date the Notice is issued, notify the State agency administering the program under this part whether such health care coverage is available and, if so, whether the child has been enrolled in such coverage and the effective date of the enrollment, and provide to the custodial parent any necessary documentation to provide the child with coverage.''.

(2) CONFORMING AMENDMENTS.—Section 452(f) of the Social Security Act (42 U.S.C. 652(f)) is amended in the first sentence—

(A) by striking ''petition for the inclusion of'' and inserting ''include''; and

(B) by inserting ''and enforce medical support'' before ''whenever''.

(c) NATIONAL STANDARDIZED MEDICAL SUPPORT NOTICE DEEMED A QUALIFIED MEDICAL CHILD SUPPORT ORDER.—

(1) AMENDMENT TO ERISA.—Section 609(a)(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169(a)(5)) is amended by adding at the end the following:

''(C) NATIONAL STANDARDIZED MEDICAL SUPPORT NOTICE DEEMED TO BE A QUALIFIED MEDICAL CHILD SUPPORT ORDER.—If a group health plan administrator receives a completed National Standardized Medical Support Notice promulgated pursuant to section 452(a)(13) of the Social Security Act (42 U.S.C. 652(a)(13)), and the notice meets the requirements of paragraphs (3) and (4), the notice shall, not later than 7 business days after the date the National Standardized Medical Support Notice is issued, be deemed to be a qualified medical child support order and the plan administrator shall comply with the notice.''.

(2) RULE OF CONSTRUCTION.—The amendment made by paragraph (1) shall not be construed as requiring an employer to provide or expand any health benefits coverage provided by the employer that the employer is not, as of the date of enactment of this section, required to provide, or to modify or change the eligibility rules applicable to a group health plan (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1))).

(d) REPORT AND RECOMMENDATIONS REGARDING THE ENFORCEMENT OF QUALIFIED MEDICAL SUPPORT ORDERS UNDER ERISA.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor, in consultation with the Secretary of Health and Human Services, shall submit to the Committee on Labor and Human Resources and the Committee on Finance of the Senate, and the Committee on Education and the Workforce and the Committee on Ways and Means of the House of Representatives, a report containing recommendations for appropriate legislation to improve the effectiveness of, and enforcement of, qualified medical child support orders under the provisions of section 609 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1169).

Mr. KERRY. Mr. President, I am pleased to join the distinguished Senators from West Virginia and Maine as a co-sponsor of this very important legislation on behalf of America's children. Senators ROCKEFELLER and SNOWE have long been leaders in the effort to crack down on delinquent parents who would deny their children the much-needed financial support to which they are entitled. I commend their dedication to this worthy cause.

Each year, as much as $15 to $25 billion in child support remains uncollected. Of the 5.4 million single mothers who were owed child support in 1994, slightly more than half received the full amount due, while one quarter received partial payment and one quarter received not a penny. The delinquency of deadbeat parents is not only a disgrace, but also an emergency, as it primarily impacts the neediest children of this nation. One of every four children in America lives in a single parent family, 18.7 million children in all. Half of these children live at or below the poverty level, compared with only slightly more than one out of every ten children in two-parent families.

The Rockefeller-Snowe-Kerry Child Support Performance Act of 1997 aims to restructure and improve the federal performance incentive system for state collection of child support. It does so by replacing the system's current emphasis on the cost effectiveness of state programs with one that recognizes substantive achievements. Moreover, the bill requires states to use federal incentives payments to supplement, not supplant, existing state expenditures to enforce child support orders.

I am particularly committed to working toward the goal of passing the medical support component of the Rockefeller-Snowe-Kerry bill. Although federal law requires state child support enforcement agencies to pursue medical support—particularly, health insurance coverage—when it is available to non-custodial parents at a reasonable cost, only 60 percent of established child support orders included medical support in 1995. Moreover, the General Accounting Office has reported that as many as 20 states were not enforcing existing medical support orders. This legislation addresses the inability of children of single parents to receive this crucial form of support by requiring the Secretary of Health and Human Services to develop and implement a medical support performance factor. Enabling child support agencies to enforce the requirement for medical support through ERISA-protected plans would shift many of the 700,000 children who currently receive public health coverage to private health insurance, thereby reducing significantly the cost to the public.

Mr. President, my colleagues and I are determined to ensure that the millions of American children who are being short-changed by the non-payment of child support, and medical support particularly, get help in the form of stricter enforcement. We are confident that the Rockefeller-Snowe-Kerry approach will make great strides toward this end and urge all of our colleagues to support this important legislation.

By Mr. ROTH:

S. 1810. A bill to suspend temporarily the duty on a certain anti-HIV and anti-AIDS drug; to the Committee on finance.

DUTY SUSPENSION LEGISLATION

Mr. ROTH. Mr. President, I rise today to introduce temporary duty suspension legislation for the active ingredient used in producing Sustiva, a breakthrough drug for treating people with HIV and AIDS.

I am pleased to introduce this bill on the active ingredients in a drug that could simplify treatment for HIV patients and could possibly reduce the level of this virus in the bloodstream. By temporarily suspending the imposition of duties, this bill will help DuPont Merck, a company located in Wilmington, Delaware, lower its cost of production and improve its competitiveness.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1810

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY SUSPENSION OF DUTY.

(a) IN GENERAL.—Subchapter II of chapter 99 of the Harmonized Tariff Schedule of the United States is amended by inserting in numerical sequence the following new heading:

''9902.32.56	6-Chloro-4-(cyclopropylethynyl)-1, 4-Dihydro-4-(trifluro-methyl)-2H-3, 1-benzoxazin-2-one (CAS No. 154598–52–4) (provided for in subheading 2934.90.30)	Free	No change	No change	On or before 12/31/2000''.

(b) EFFECTIVE DATE.—The amendment made by this section applies with respect to goods entered, or withdrawn from warehouse for consumption, on or after the 15th day after the date of enactment of this Act.

By Mr. FAIRCLOTH:

S. 1811. A bill to prohibit the Secretary of Health and Human Services from promulgating any regulation, rule, or other order if the effect of such regulation, rule, or order is to eliminate or modify any requirement under the medicare program under title XVIII of the Social Security Act for physician supervision of anesthesia services, as such requirement was in effect on December 31, 1997; to the Committee on Finance.

THE SAFE SENIORS MEDICAL CARE ACT OF 1998

Mr. FAIRCLOTH. Mr. President, I come before you today to introduce legislation that should be of interest to all senior citizens in the U.S.

Mr. President, I must share with you my shock and outrage when I learned of a recently proposed rule by the Clinton Administration that eliminates the requirement of a real anesthesiologist during surgery for Medicare and Medicaid patients.

The legislation I am introducing today would stop the Administration from imposing such on rule on our nation's senior population.

At a time when President Clinton is seeking to expand Medicare coverage for more Americans, why is he quietly moving to lessen the standard of care for our senior citizens? This Administration is proposing a change that will permit non-physicians to evaluate patient health and administer anesthesia to a population at the greatest risk for complications.

Not long ago, the President stood before Congress and stated that ''Medical decisions should be made by medical doctors'' and that ''every American deserves quality care.'' I totally agree with the President on these important points.

But it's not good enough to simply say this—actions have to speak louder than words. This is one of the reasons I am introducing this bill.

Mr. President, our elderly are our most vulnerable population. We established Medicare because of the cost of health care for the elderly. But Medicare doesn't have to be second class care. I think it is sinful to lower the quality of care for our seniors.

Furthermore, this Administration won't even allow seniors that want to pay for their own health costs to do so—without forcing the doctor out of Medicare. So our seniors have little choice, but to be treated under the guidelines of Medicare.

Now I am 70 years old, but to other Senators this will involve their mothers and fathers. To the younger generation, this will involve the treatment of their grandparents.

I have to ask, do you really want to send your mother or father, or grandparents in for a critical operation and have the anesthesia administered by a non-doctor?

Does the same standard apply to senior government officials? I would assume the President had a doctor administer his anesthesia. When I asked HHS Secretary Shalala whether she would choose a nurse or doctor to administer the anesthesia, when pressed she said she would ask her doctor!

Here we go again, one standard for Washington officials—another for everyone else. I think that is wrong.

Mr. President, I want to make an important point. This is not about diminishing the important role that nurses play an important role in the health care system. They play a valuable, great role. But on this one issue, I feel that the practice of Anesthesiology is simply too important to the any medical procedure to be left to those that are not trained extensively in this field. Anesthesia is the most important part of any operation, particularly for the elderly.

Nurse anesthetists are non-physician providers who normally complete a two or three-year training technique-oriented training program after nursing school. Anesthesiologists are physicians who, after taking a pre-med curriculum in college, complete four years of medical school and a four-year anesthesiology residency program.

We value the need for greater education in society, and here we are ignoring the importance of extensive education. All the rhetoric in Washington these days is about the importance of education. But if the Administration has its way, further education in the field will be deemed worthless.

Mr. President, for three decades, Medicare and Medicaid patients have benefitted from an attending anesthesiologist. To my knowledge, there is no clinical study that can provide justification for eliminating the physician supervision requirement. 81% of senior citizens oppose the President's rule. And you can count me in that group.

It is my understanding that there is no difference in cost if this rule is implemented. The reimbursement is the same to the doctor or the nurse. Furthermore, the number of patient deaths involving anesthesia has dramatically declined since the 1950's because we have a greater number of anesthesiologists in practice. We have made great strides in this field. Why would it make sense to radically change the rules at a time when we are so successful? It just doesn't make any sense.

Mr. President, the bottom line is that senior citizens don't want this rule, there is no difference in cost and there is no evidence that warrants such a change. I simply cannot stand by and watch the President put the lives of senior citizens all across this country in a potentially dangerous situation. Thank you, Mr. President. I urge all the members to support this legislation.

By Mr. LAUTENBERG:

S. 1818. A bill to suspend temporarily the duty on organic luminescent pigments, dyes, and fibers for security applications; to the Committee on Finance.

S. 1819. A bill to suspend temporarily the duty on fluorozirconium compounds; to the Committee on Finance.

S. 1820. A bill to suspend temporarily the duty on 4-Hexylresorcinol; to the Committee on Finance.

S. 1821. A bill to suspend temporarily the duty on polymethine sensitizing dyes for imaging applications; to the Committee on Finance.

DUTY SUSPENSION LEGISLATION

Mr. LAUTENBERG. Mr. President, I rise today to introduce legislation to suspend temporarily the rate of duty on four products produced by a constituent, AlliedSignal Inc. I am introducing a separate bill for each of the four products. The first is organic luminescent pigments, dyes, and fibers that are used in products requiring security and anti-counterfeiting technology. Unlike other pigments and dyes, these luminescent compounds are designed on a proprietary basis for one specific anti-counterfeiting application. The current duty is 5.9%. The second product, 4-Hexylresorcinol, has a variety of applications, including in throat lozenges, topical antiseptics, and other pharmaceutical and cosmetic applications. The current duty is 5.8%. Potassium hexafluorozirconate and hexafluorozirconium acid are used in the treatment of aluminum alloys in a variety of applications, including aerospace. The current duties are 3.1% and 4.2%. Finally, polymethine sensitizing dyes are used to improve the spectral response of photo-sensitive emulsions on photographic films. These dyes are complex organic molecules, and each one is typically designed on a proprietary basis to the customer's specifications. The current duty is 6.8%.

I have received assurances from AlliedSignal that there is no commercial US manufacturer for any of these products. Furthermore, each of the products was included in the United States Trade Representative's ''zero list'' of chemicals whose U.S. tariffs it tried to eliminate, in exchange for concessions from trading partners, during the November 1997 APEC Ministerial meeting. In a chemical industry-wide review of the zero list, no U.S. company objected to the proposed elimination of these products' duties.

Suspending the duties of products that are not produced in the United States helps our companies maintain their global competitiveness. This benefits our manufacturers as well as American workers and consumers. I

ask my colleagues to support this legislation. I ask unanimous consent text of the bills be printed in the RECORD.

There being no objection, the bills were ordered to be printed in the RECORD, as follows:

S. 1818

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY SUSPENSION OF DUTY ON CERTAIN ORGANIC PIGMENTS, DYES, AND FIBERS.

(a) IN GENERAL.—Subchapter II of chapter 99 of the Harmonized Tariff Schedule of the United States is amended by inserting in numerical sequence the following new heading:

"9902.32.04	Organic luminescent pigments, dyes, and fibers for security applications (provided for in subheading 3204.90.00)	Free	No change	No change	On or before 12/31/2001".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to goods entered, or withdrawn from warehouse for consumption, on or after the date that is 15 days after the date of enactment of this Act.

S. 1819

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY SUSPENSION OF DUTY ON CERTAIN FLUOROZIRCONIUM COMPOUNDS.

(a) IN GENERAL.—Subchapter II of chapter 99 of the Harmonized Tariff Schedule of the United States is amended by inserting in numerical sequence the following new heading:

"9902.28.11	Potassium hexafluorozirconate (CAS No. 16923–95–8) (provided for in subheading 2826.90.00) and hexafluorozirconium acid (CAS No. 12021–95–3) (provided for in subheading 2811.19.60)	Free	No change	No change	On or before 12/31/2001".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to goods entered, or withdrawn from warehouse for consumption, on or after the date that is 15 days after the date of enactment of this Act.

S. 1820

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY SUSPENSION OF DUTY ON 4-HEXYLRESORCINOL.

(a) IN GENERAL.—Subchapter II of chapter 99 of the Harmonized Tariff Schedule of the United States is amended by inserting in numerical sequence the following new heading:

"9902.29.07	4-Hexylresorcinol (CAS No. 136–77–6) (provided for in subheading 2907.29.90)	Free	No change	No change	On or before 12/31/2001".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to goods entered, or withdrawn from warehouse for consumption, on or after the date that is 15 days after the date of enactment of this Act.

S. 1821

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY SUSPENSION OF DUTY ON CERTAIN SENSITIZING DYES.

(a) IN GENERAL.—Subchapter II of chapter 99 of the Harmonized Tariff Schedule of the United States is amended by inserting in numerical sequence the following new heading:

"9902.29.34	Polymethine photosensitizing dyes (provided for in subheadings 2934.90.90 and 2933.19.90)	Free	No change	No change	On or before 12/31/2001".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to goods entered, or withdrawn from warehouse for consumption, on or after the date that is 15 days after the date of enactment of this Act.

By Mr. SPECTER (for himself, Mr. THURMOND, Mr. JEFFORDS, Mr. MURKOWSKI, Mr. ROCKEFELLER, Mr. AKAKA, Mr. WELLSTONE, Mr. LIEBERMAN, and Mrs. MURRAY):

S. 1822. A bill to amend title 38, United States Code, to authorize provision of care to veterans treated with nasopharyngeal radium irradiation; to the Committee on Veterans' Affairs.

MEDICAL CARE TO VETERANS LEGISLATION

Mr. SPECTER. Mr. President, as Chairman of the Committee on Veterans' Affairs, I have today introduced, at the request of the Secretary of Veterans Affairs, S. 1822, a proposed bill to authorize the provision of medical care to veterans who were treated with nasopharyngeal radium irradiation. The Acting Secretary of Veterans Affairs submitted this proposed legislation to the President of the Senate by letter dated August 11, 1997.

Mr. President, it is my usual practice, as Chairman of the Committee on Veterans Affairs, to introduce Administration-requested legislation that is referred to the Committee without commenting on the substance of the introduced bills, without committing myself to either support or oppose the legislation in question, and without seeking co-sponsors. In this case, I have departed from my usual practice due to the unusual nature of this legislation, which is long overdue. I am pleased that Senator JAY ROCKEFELLER, the Ranking Minority Member of the Committee on Veterans Affairs, has joined me as a cosponsor.

A medical treatment known as nasopharyngeal radium irradiation —the inserting of a radium-tipped metal rod through the nose—began in 1924 at the Johns Hopkins University as a means to treat middle ear obstructions and deafness. It was also commonly used to treat children with chronic ear infections. Even until the mid 1960's, medical textbooks recommended this treatment to shrink adenoid tissue in children. It is estimated that from 500,000 to 2 million persons may have received nasopharyngeal radium irradiation treatments over the years.

During the 1940's and 1950's—and perhaps later—the military treated submariners and air crew members with nasopharyngeal radium irradiation to prevent ear injury caused by severe pressure changes encountered in submarine and flight duty. The Final Report of the Advisory Committee on Human Radiation Experiments issued in 1995 cites one case where the Navy in the early 1940's treated 732 submariners with nasopharyngeal radium irradiation to equalize middle ear pressure with a 90 percent success rate.

Unfortunately, scientific research now suggests that individuals who received this then-accepted medical treatment may be at increased risk for developing head and neck cancers and other types of diseases and disorders. When nasopharyngeal irradiation was administered, radiation targeted to lymph tissue also affected the brain and other tissues in the head and neck, including the paranasal sinuses, salivary glands, thyroid and parathyroid glands.

Mr. President, the Committee on Veterans Affairs will fully develop the scientific record on this legislation. I will not now, therefore, discuss at length the evidence to support the proposition that veterans who received such therapy should now be eligible for VA care to treat the previously unknown medical consequences of nasopharyngeal radium irradiation. Suffice it to say now that the quantum of radiation to which people were routinely exposed as a consequence of nasopharyngeal radium irradiation far exceeded levels that would be judged acceptable today. Our colleague from Connecticut, Senator LIEBERMAN, stated it well when he commented in August 1994, at a hearing of the Environment and Public Works Subcommittee on Clean Air and Nuclear Radiation: ". . . the best evidence of the danger of this radium treatment is the fact that no doctor in his right mind would think of performing such a procedure today."

VA has proposed that veterans who received such treatment in the past be deemed eligible for treatment of cancers and other diseases and disorders that might be associated with this well-intentioned, but seemingly misguided, exposure to radiation. This legislation, if enacted, would authorize VA to treat such veterans on the same priority basis as it treats veterans who may have been exposed to ionizing radiation during weapons testing or during the occupation of Japan following World War II. It would also authorize VA to examine any veteran who was subjected to nasopharyngeal irradiation and include any findings in the VA's radiation registry.

As Chairman of the Veteran's Affairs Committee, I urge my colleagues in the Senate to join me in supporting this legislation.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1822

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That except as otherwise expressly provided, whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. (a) The Secretary may examine, and include in the Department's Ionizing Radiation Registry Program, any veteran who received nasopharyngeal radium irradiation treatments while serving in the active military, naval, or air service.

(b) Section 1710 is amended—

(1) in subsection (a)(2)(F), by inserting ''or who received nasopharyngeal radium irradiation treatments,'' after ''environmental hazard,''; and

(2) in subsection (e)(1)(B) by inserting '', or a veteran who received nasopharyngeal radium irradiation treatments while serving in the active military, naval, or air service,'' after ''radiation-exposed veteran''.

Mr. ROCKEFELLER. Mr. President, I am pleased to cosponsor legislation that will authorize provision of care to veterans treated with nasopharyngeal radium irradiation. This bill, requested by the Department of Veterans Affairs, will provide priority health care to a group of veterans that have so far been excluded from access to VA services. I urge all of my colleagues to support this bill.

Let me take you back over 40 years, to the 1940's and 50's, when thousands of military personnel (primarily Navy submariners and Army Air Corps pilots) received nasopharyngeal radium treatments to treat and prevent inner ear problems that developed due to the inadequate pressurization of their respective vessels. These treatments were considered the standard in the medical community at the time for children with severe middle ear obstructions and infections, often with accompanying deafness. To adapt the treatments to healthy adults, the Navy and Army conducted experiments on small groups of submariners and pilots. Subsequently, between 8,000 and 12,000 servicemen were irradiated for military purposes. The treatments were halted in the early 1960's as a result of two developments: pressurized planes and submarines became available (thus obviating the need for the treatments), and the clinical dangers associated with radiation were becoming apparent.

Looking back, we now know just how dangerous these treatments can be. The Centers for Disease Control and Prevention estimate that tissues at the exact site of radium placement were exposed to 2000 rem of radiation. That is 400 times greater than the maximum ''safe'' level of radiation exposure established by the Atomic Energy Commission many years ago. Parts of the brain received 24 rem, five times the accepted limit of exposure. Studies that have analyzed the health effects of external irradiation of the head and neck conclude that there is an increased risk of tumors of the brain, and of the thyroid, salivary, and parathyroid glands. One study done on individuals who had received nasopharyngeal radium treatments concluded there was an increased risk of developing head and neck tumors associated with the childhood treatments.

Unfortunately, the health effects of the treatments that were given to our veterans is unknown. Careful scientific studies cannot be done because the records documenting the treatments are incomplete or nonexistent. However, when such high levels of exposure are sustained, we must be concerned about long-term health effects, and thus, we have a responsibility to ensure access to health care by these veterans. Simply put, it is the right thing to do.

This legislation is a step in the right direction in helping these individuals. As Ranking Minority Member of the Senate Committee on Veterans' Affairs, I am well acquainted with the difficulties experienced by veterans who were exposed to radiation during service to their country and later sought help from the VA. The willingness of the VA to include this group of veterans is clearly demonstrated by the fact that VA initiated this legislation, and that is good.

In summary, this legislation grants veterans who received nasopharyngeal radium treatments the same status as other atomic veterans who served in the occupational forces in Nagasaki and Hiroshima, or who were present at the atmospheric test sites in Nevada and the Pacific. These veterans will now be able to enroll in the ionizing radiation registry, which entitles them to a full and complete physical examination. They will also gain access to medical care, to treat cancerous conditions detected during this examination that are associated with exposure to ionizing radiation.

It is especially important to provide physical examinations and health care to these veterans because documentation of the nasopharyngeal radium treatments was poorly done, if it was done at all. Thus, the relevant clinical information is not in their civilian or military medical records to alert a physician to potential problems. The appalling lack of documentation has proved to be a constant problem in ongoing efforts to grant benefits to atomic veterans of all types, and continues to plague us in this effort as well.

We will continue to study the plight of all atomic veterans, but this legislation offers eligible health care to a group of atomic veterans that have up to now been closed out of the VA. It is reasonable, compassionate, and long overdue.

Mr. LIEBERMAN. Mr. President, I am very pleased today to join with my colleagues, including Senators SPECTER and ROCKEFELLER, the Chairman and Ranking Member of the Veterans Affairs Committee, and the Chairman of the Armed Services Committee, Senator THURMOND, as an original cosponsor of this legislation which would authorize access to priority medical care for veterans treated with nasopharyngeal radium irradiation. Enactment of this legislation would be a major step forward for our veterans who received this treatment for inner-air problems between l940 and l960. I applaud the Clinton Administration for submitting this legislation.

Mr. President, nasal radium irradiation was the largest scale radiation experiment in the United States and the consequences of exposing so many people to ionizing radiation has not been adequately addressed. It was used to alleviate pressure changes associated with submarine and flying duties for our soldiers and to treat children with inner ear problems. We have a moral obligation to do everything we can to help these veterans and civilians. This legislation is especially important to me because veterans who received this treatment included Navy submariners trained in Connecticut. I've been working for the last four years to get similar legislation enacted.

Under this bill, veterans who received nasopharyngeal radium treatments will receive the same status as other atomic veterans who served in the occupational forces in Nagasaki and Hiroshima or were present at the test sites in Nevada and the Pacific. What this means is that these veterans will be able to enroll in the ionizing radiation registry which entitles them to a full and complete physical examination. They will also gain access to medical care to treat cancerous conditions detected during this examination that are associated with exposure to ionizing radiation.

Studies that have analyzed the health effects of external irradiation of the head and neck indicate that there is an increased risk of tumours of the brain and of the thyroid, salivary and parathyroid glands.

Mr. President, I've been working on many aspects of this problem for a number of years. I've been very concerned about notifying veterans who received this treatment so that they are aware of the concerns about the long term effects of such treatment and can take appropriate actions. Last September, the Veterans Administration agreed to provide such notification where they had the information available. The Veterans Administration is also considering performing a health surveillance involving about 400 veterans whose names were discovered in a logbook in April l996 at the Submarine School Museum in Connecticut. This would also be a significant step forward.

I also remain very concerned about our civilians who have been exposed to this treatment. The Center for Disease

Control and Prevention estimates that between 500,000 and two million civilians received this treatment between 1945 and 1960. I was very pleased that CDC hosted a video conference on the treatment at Yale in September 1995 and has published notices in medical bulletins about the treatment, including fact sheets for the general public.

My number one priority on the civilian side now is attempting to ensure that civilians who received the treatment are notified. I have written to Secretary Shalala asking her to undertake a feasibility study about providing notice. People need to know that they had this treatment so that they can determine appropriate next steps, and our government should do everything possible to ensure that notice is provided.

Mr. President, many challenges remain as the government seeks to fulfill its moral obligation to our veterans. But enactment of this legislation would be an extremely important step forward.

ADDITIONAL COSPONSORS

S. 230

At the request of Mr. THURMOND, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 230, a bill to amend section 1951 of title 18, United States Code (commonly known as the Hobbs Act), and for other purposes.

S. 531

At the request of Mr. ROTH, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 531, A bill to designate a portion of the Arctic National Wildlife Refuge as wilderness.

S. 1069

At the request of Mr. MURKOWSKI, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 1069, a bill entitled the ''National Discovery Trails Act of 1997.''

S. 1220

At the request of Mr. DODD, the names of the Senator from Massachusetts (Mr. KERRY) and the Senator from Wisconsin (Mr. FEINGOLD) were added as cosponsors of S. 1220, a bill to provide a process for declassifying on an expedited basis certain documents relating to human rights abuses in Guatemala and Honduras.

S. 1251

At the request of Mr. D'AMATO, the names of the Senator from Washington (Mrs. MURRAY), the Senator from Vermont (Mr. JEFFORDS), the Senator from Illinois (Ms. MOSELEY-BRAUN), and the Senator from Maine (Ms. SNOWE) were added as cosponsors of S. 1251, a bill to amend the Internal Revenue Code of 1986 to increase the amount of private activity bonds which may be issued in each State, and to index such amount for inflation.

S. 1252

At the request of Mr. D'AMATO, the names of the Senator from Washington (Mrs. MURRAY), the Senator from Maine (Ms. COLLINS), the Senator from Maine (Ms. SNOWE), and the Senator from Colorado (Mr. ALLARD) were added as cosponsors of S. 1252, a bill to amend the Internal Revenue Code of 1986 to increase the amount of low-income housing credits which may be allocated in each State, and to index such amount for inflation.

S. 1259

At the request of Ms. SNOWE, the names of the Senator from Virginia (Mr. ROBB), the Senator from Minnesota (Mr. WELLSTONE), and the Senator from Illinois (Ms. MOSELEY-BRAUN) were added as cosponsors of S. 1259, a bill to authorize appropriations for fiscal years 1998 and 1999 for the United States Coast Guard, and for other purposes.

S. 1482

At the request of Mr. COATS, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 1482, a bill to amend section 223 of the Communications Act of 1934 to establish a prohibition on commercial distribution on the World Wide Web of material that is harmful to minors, and for other purposes.

S. 1610

At the request of Mr. DODD, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 1610, a bill to increase the availability, affordability, and quality of child care.

S. 1677

At the request of Mr. CHAFEE, the name of the Senator from Arkansas (Mr. BUMPERS) was added as a cosponsor of S. 1677, a bill to reauthorize the North American Wetlands Conservation Act and the Partnerships for Wildlife Act.

S. 1682

At the request of Mr. D'AMATO, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 1682, a bill to amend the Internal Revenue Code of 1986 to repeal joint and several liability of spouses on joint returns of Federal income tax, and for other purposes.

S. 1724

At the request of Ms. COLLINS, the name of the Senator from Kentucky (Mr. FORD) was added as a cosponsor of S. 1724, a bill to amend the Internal Revenue Code of 1986 to repeal the information reporting requirement relating to the Hope Scholarship and Lifetime Learning Credits imposed on educational institutions and certain other trades and businesses.

S. 1737

At the request of Mr. MACK, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1737, a bill to amend the Internal Revenue Code of 1986 to provide a uniform application of the confidentiality privilege to taxpayer communications with federally authorized practitioners.

S. 1789

At the request of Mr. MOYNIHAN, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. 1789, a bill to amend title XVIII of the Social Security Act and the Employee Retirement Income Security Act of 1974 to improve access to health insurance and medicare benefits for individuals ages 55 to 65 to be fully funded through premiums and anti-fraud provision, and for other purposes.

SENATE CONCURRENT RESOLUTION 65

At the request of Ms. SNOWE, the name of the Senator from Delaware (Mr. ROTH) was added as a cosponsor of Senate Concurrent Resolution 65, a concurrent resolution calling for a United States effort to end restriction on the freedoms and human rights of the enclaved people in the occupied area of Cyprus.

SENATE CONCURRENT RESOLUTION 73

At the request of Mr. GRASSLEY, the name of the Senator from Florida (Mr. MACK) was added as a cosponsor of Senate Concurrent Resolution 73, a concurrent resolution expressing the sense of Congress that the European Union is unfairly restricting the importation of United States agriculture products and the elimination of such restrictions should be a top priority in trade negotiations with the European Union.

SENATE CONCURRENT RESOLUTION 75

At the request of Mr. FEINGOLD, the names of the Senator from Virginia (Mr. WARNER), the Senator from Virginia (Mr. ROBB), the Senator from Illinois (Mr. DURBIN), the Senator from New Mexico (Mr. BINGAMAN), the Senator from West Virginia (Mr. ROCKEFELLER), the Senator from California (Mrs. FEINSTEIN), the Senator from Mississippi (Mr. LOTT), and the Senator from Nevada (Mr. BRYAN) were added as cosponsors of Senate Concurrent Resolution 75, a concurrent resolution honoring the sesquicentennial of Wisconsin statehood.

SENATE CONCURRENT RESOLUTION 77

At the request of Mr. SESSIONS, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of Senate Concurrent Resolution 77, a concurrent resolution expressing the sense of the Congress that the Federal government should acknowledge the importance of at-home parents and should not discriminate against families who forego a second income in order for a mother or father to be at home with their children.

SENATE RESOLUTION 194

At the request of Mrs. HUTCHISON, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of Senate Resolution 194, a resolution designating the week of April 20 through April 26, 1998, as ''National Kick Drugs Out of America Week.''

SENATE RESOLUTION 195

At the request of Mrs. HUTCHISON, the names of the Senator from Michigan (Mr. ABRAHAM) and the Senator from West Virginia (Mr. ROCKEFELLER) were added as cosponsors of Senate Resolution 195, a bill designating the week of